

UTAH
WORKERS COMPENSATION
INSURER LOSS COSTS MULTIPLIER FILING FORMS
PAGE 1

Date: _____

1. **INSURER NAME** _____
ADDRESS _____

PERSON RESPONSIBLE FOR FILING _____

TITLE _____ **TELEPHONE #** _____

2. **INSURER NAIC#** _____ **NAIC GROUP #** _____

3. **DESIGNATED RATE SERV. ORG. REFERENCE FILING#** _____

4. The insurer hereby files to be deemed to have independently submitted as its own filing the prospective loss costs in the captioned Reference Filing.

The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

5. **PROPOSED RATE LEVEL CHANGE** _____% **EFFECTIVE DATE** _____

6. **PRIOR RATE LEVEL CHANGE** _____% **EFFECTIVE DATE** _____

7. **ATTACH PAGE 2 WHICH SHOWS THE CALCULATION OF THE LOSS COSTS MULTIPLIER.**

8. The insurer hereby files to have its loss cost multiplier be applicable to future revisions of the designated rate service organization's prospective loss costs for this line of insurance. The insurer's rate will be the combination of the designated rate service organization's prospective loss costs and the insurer's loss costs multiplier(s) specified in the attachment. The rates will apply to policies written on or after the effective date of the designated rate service organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or amended or withdrawn by the insurer.

PAGE 2

CALCULATION OF COMPANY LOSS COST MULTIPLIER

YES NO

1. **Does this filing apply to all classes contained in item 3 of the Page 1?** *If no, attach a list of affected classes.* [] []
2. **Loss Cost Modification:**
A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing: *(Check one)*
☐ Without modification. (Factor = 1.000) ENTER IN 2B.
☐ With the following modification(s). *(Cite the nature and percent modification to the advisory organization's loss experience. Attach supporting date and/or rationale.)* ENTER IN 2B.

B. Loss Cost Modification Expressed as a Factor: 2B= _____
3. **Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio.**
(Attach exhibit detailing insurer expense data, impact of premium plans, and other supporting information.)

PROJECTED EXPENSES: compared to standard premium at company rates.
A. Total Production Expense _____ %
B. General Expenses _____ %
C. Taxes, Licenses & Fees _____ %
D. Profit & Contingencies including offset for investment Income _____ %
E. Other (explain) _____ %
F. TOTAL 3F= _____ %
4. **Expected Loss & Loss Adjustment Expense (Target Cost) Ratio:** _____
ELR = 1.000 - 3F (expressed in decimal form)
5. **Overall impact of expense constant & minimum premiums:** _____
(A 2.3% impact would be expressed as 1.023)
6. **Overall impact of size - of - risk discounts plus expense gradation recognition in retrospective rating:** _____
(A 8.6% avg. Discount would be expressed as 0.914)
7. **Company Formula Loss Cost Multiplier: $2B / [(6 - 3F) \times 5]$ =** _____
8. **Company Selected Loss Cost Multiplier:** _____
Attach exhibit explaining any differences between 7 & 8.
9. **Are you amending your minimum premium formula?** YES NO
If yes, attach documentation including rate level impact as well as changes in multipliers, expense constants, maximum minimums, etc. [] []
10. **Are you changing your premium discount schedules?** [] []
If yes, attach schedules and support detailing premium or rate level change.